

EXHIBIT A

COVER SHEET		Court Identification Docket #		Case Year	Docket Number
Civil Case Filing Form (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">62</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">04</div>	<div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">15</div>	<div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">04</div>	<div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">04</div>
		County # Judicial District Court ID (CH, CI, CO)			
		<div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div>			
		Month Date Year			
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2009)		Case Number if filed prior to 1/1/94	
In the <u>CHANCERY</u> Court of <u>SCOTT</u> County <u>—</u> Judicial District <u>—</u>					
Origin of Suit (Place an "X" in one box only)					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Other <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal					
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form					
Individual <u>WESTBERRY</u> <u>PATTY</u>					
Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV					
<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
Business					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below:					
Address of Plaintiff					
Attorney (Name & Address) <u>S. Malcolm O. Harrison, Post Office Box 483, Jackson, MS 39205</u> MS Bar No. <u>9965</u>					
<input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney					
Signature of Individual Filing: <u>[Signature]</u>					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form					
Individual					
Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV					
<input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:					
<input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:					
Business					
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated					
<input type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below:					
Attorney (Name & Address) - If Known					
MS Bar No.					
Damages Sought: Compensatory \$ Punitive \$ <input type="checkbox"/> Check (x) if child support is contemplated as an issue in this suit.*					
*If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
Nature of Suit (Place an "X" in one box only)					
Domestic Relations		Business/Commercial		Children/Minors - Non-Domestic	
<input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other		<input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other		<input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion Minor <input type="checkbox"/> Removal of Minority <input type="checkbox"/> Other	
Appeals		Probates		Civil Rights	
<input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other		<input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Commitment <input type="checkbox"/> Conservatorship <input checked="" type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Other		<input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other	
		Contract		Real Property	
		<input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other		<input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other	
		Statutes/Rules		Torts	
		<input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other		<input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other	

FILED
04/10/2015 08:11 AM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY
PETITIONER

CAUSE NO.

2015-0204

**PETITION FOR APPOINTMENT OF GENERAL GUARDIAN
AND LETTERS OF GUARDIANSHIP**

The Petitioner, Patty Westberry, files this Petition for Appointment as General Guardian and Letters of Guardianship of the person and estate of William Blake McClendon a minor and in support thereof would state the following to the Court:

1. Petitioner, Patty Westberry is an adult resident citizen of the Scott County, Mississippi and resides at 96 Farris Park Road, Morton, Mississippi 39117. Petitioner is the biological mother of the minor child.

2. The minor child, William Blake McClendon, a male born July 27, 1996 has resided with the Petitioner all of his life in Scott County, Mississippi. A copy of the minor's birth certificate is attached hereto as exhibit "A".

3. The natural father of the minor child Willie Cleveland McClendon died on or about January 4, 2015. A copy of his death certificate is attached hereto as exhibit "B".

4. The Petitioner is a fit and proper person to be appointed general guardian of the minor child and is willing and able to assume the responsibility of general guardian of the person of the minor child. The Petitioner is over the age of eighteen (18) years, and of sound mind and is not a convicted felon. The minor, William Blake McClendon, joins in this petition for Guardianship.

5. At the time of Willie Cleveland McClendon's death, he had a life insurance policy on his life for the benefit of the minor child. The insurance company has required a guardianship be created to accept the funds on behalf of the minor child. The Petitioner requests she be authorized to

accept the funds on behalf of the minor child. The funds shall be deposited in a Guardianship account for the benefit of the minor child. The bank will sign an Acknowledgment of Receipt of Certified Copy of Order and Receipt of Cash Funds for the guardianship account. The funds shall not be withdrawn except by Order of this Court.

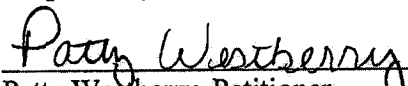
6. The minor, William Blake McClendon, is not in possession of any real or personal property, except his clothing and the proceeds from the life insurance policy. As such, the Petitioner asks that the requirement of posting a bond be waived. The Petitioner further asks that the taking of an inventory be waived.

WHEREFORE, PREMISES CONSIDERED, the Petitioner, Patty Westberry, respectfully request she be appointed General Guardian of the person, William Blake McClendon; that Letters of Guardian be granted to her, upon taking and filing a Guardian's Oath as required by law; that she be authorized to accept the funds on behalf of the minor child; that and that the requirement of posting a bond and taking an inventory be waived.


Petitioner requests such other general and specific relief as they may be entitled to.

Dated this the 9 day of April 2015.

Respectfully Submitted:


Patty Westberry, Petitioner

Submitted by:


S. Malcolm O. Harrison, MSB# 9965
ATTORNEY AT LAW
P.O. Box 483
Jackson, MS 39205-0483
601/948-5030
malcolm.harrison@comcast.net

STATE OF MISSISSIPPI
COUNTY OF SCOTT

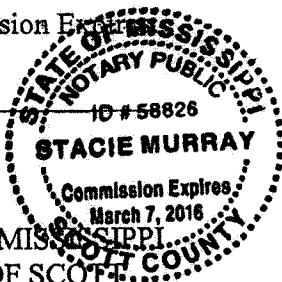
Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named Patty Westberry who being by me first duly sworn states on oath that the facts, matters and allegations in the above and foregoing Petition for Appointment of General Guardian and Letters of Guardianship are true and correct as therein stated.

Patty Westberry
Patty Westberry

Sworn to and subscribed before me this the 9 day of April 2015.

Stacie Murray
NOTARY PUBLIC

My Commission Expires



JOINDER

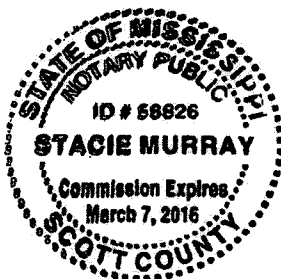
STATE OF MISSISSIPPI
COUNTY OF SCOTT

Personally came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named William Blake McClendon, a minor who being by me first duly sworn states that he joins in the above and foregoing Petition for Appointment of General Guardian and Letters of Guardianship.

William Blake McClendon
William Blake McClendon

Sworn to and subscribed before me this the 9 day of April 2015.

Stacie Murray
NOTARY PUBLIC

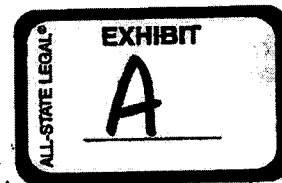


STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

96-20825

TYPE OR PRINT WITH BLACK INK CHILD	FILING DATE JUL 31 1996		123-	
	1. CHILD - NAME First Middle Last WILLIAM BLAKE MCCLendon		2a. DATE OF BIRTH (Month, Day, Year) Redacted 1996	2b. HOUR OF BIRTH 3:45 P.M.
	3. SEX MALE	4. THIS BIRTH SINGLE, TWIN, ETC. SINGLE	5. RACE (Specify) BLACK	6. COUNTRY OF BIRTH USA
	7a. HOSPITAL OR CLINIC (NAME of hospital, give street address of house number) METHODIST MEDICAL CENTER 25th		7b. CITY OR TOWN OF BIRTH JACKSON	7c. COUNTY OF BIRTH HINDS
FATHER	7a. FATHER - NAME First Middle Last WILLIE MCCLendon		7b. RACE (Specify) BLACK	7c. DATE OF BIRTH (Month, Day, Year) Redacted 1956
MOTHER	8a. MOTHER - NAME First Middle Last DENISE THOMPSON		8b. RACE (Specify) WHITE	8c. DATE OF BIRTH (Month, Day, Year) Redacted 1956
For RESIDENCE home, enter actual location of home rather than mailing address.	9a. RESIDENCE - STATE MS	9b. COUNTY SCOTT	9c. CITY OR TOWN MORTON	9d. STATE OF BIRTH MS
	10a. MAILING ADDRESS - STREET AND NUMBER OR ROUTE AND BOX NUMBER 3407 HWY 80 RIVERDALE APT 13		10b. CITY OR TOWN MORTON	10c. STATE AND ZIP CODE MS 39117
INFORMANT	11a. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT. SIGNATURE OF EITHER PARENT [Signature]		11b. SOCIAL SECURITY CARD REQUESTED FOR NEWBORN YES	11c. DATE SIGNED [Signature]
CERTIFIER	12a. I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE [Signature]		12b. DATE SIGNED [Signature]	12c. NAME AND TITLE OF PERSON WHO DELIVERED CHILD (OTHER THAN CERTIFIER if any) TACONBI I MUSHAYANDEBU
	13a. CERTIFIER - NAME AND TITLE (Type or print) GIDGET HAYS, NEWBORN DEPT		13b. MAILING ADDRESS (Street and number or Rte. No., City or town, State, ZIP code) 1850 CHADWICK DR JACKSON MS 39204	



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

B. E. Thompson Jr. MD
B. E. Thompson, Jr. MD, M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

AUG - 8 - 96

WARNING:

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OR COUNTERFEIT THIS DOCUMENT.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

11495842

FILING DATE: JAN 15 2015 CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE # 123-2015-050310

1. DECEASED'S LEGAL NAME (First, Middle, Last) Willie Cleveland McLendon		2. SEX Male	3. HOUR OF DEATH 828 P.	3a. DATE OF DEATH (Month, Day, Year) January 4, 2015
4. RACE (Check one or more races to indicate what the deceased was born or raised to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Other (Specify):				
5a. AGE AT LAST BIRTHDAY ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 YEAR	5b. MONTHS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 YEAR	5c. DAYS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 YEAR	6. DATE OF BIRTH (Month, Day, Year) Redacted 1956	
7. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home long-term care facility <input type="checkbox"/> Deceased's home <input type="checkbox"/> Other (Specify):		8. BIRTH PLACE (State or foreign country) Forest, MS		
9. FAMILY NAME (If not a family, give street address, street number, or other location) (If hospital, also give ID number)		10. CITY, TOWN OR LOCATION OF DEATH Forest, MS		
11. DECEASED'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death: <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BD) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., MD, PhD, EdD, or Professional degree (e.g., DDS, DVM, LL.M., JD) <input type="checkbox"/> Unknown		12. ZIP CODE 39074		
13. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		
15. DECEASED OR DECEASED'S CHILDREN (Check one or more boxes) <input type="checkbox"/> Yes, deceased <input type="checkbox"/> Yes, children <input type="checkbox"/> Yes, both <input type="checkbox"/> No, deceased <input type="checkbox"/> No, children <input type="checkbox"/> No, both		16. OCCUPATION (Type of occupation or business) Redacted		
17. SOCIAL SECURITY NUMBER Redacted		18. FATHER'S NAME (First, Middle, Last) Redacted		
19. MOTHER'S NAME (First, Middle, Last) Redacted		20. MOTHER'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
21. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		22. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
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59. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		60. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
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73. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		74. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
75. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		76. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
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83. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		84. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
85. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		86. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
87. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		88. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
89. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		90. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
91. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		92. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
93. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		94. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
95. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		96. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
97. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		98. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		
99. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		100. DECEASED'S ADDRESS (Street and number, City or town, State, ZIP Code) Redacted		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

1/23/2015

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK. HOLD TO LIGHT TO VIEW

EXHIBIT
B

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

CHANCERY BK 12A PG 384
06/12/2015 03:28 PM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY
PETITIONER

CAUSE NO. 2015-0204

**ORDER APPOINTING GENERAL GUARDIAN
AND LETTERS OF ADMINISTRATION**

This matter having come before the Court on the Petition of Patty Westberry for Appointment as General Guardian and for Letters of Administration of the person of the minor William Blake McClendon and the Court, after being fully advised in the premises does find as follows: The Petitioner, Patty Westberry, files this Petition for Appointment as General Guardian and Letters of Guardianship of the person and estate of William Blake McClendon a minor and in support thereof would state the following to the Court:

1. That Petitioner, Patty Westberry is an adult resident citizen of the Scott County, Mississippi and resides at 96 Farris Park Road, Morton, Mississippi 39117. Petitioner is the biological mother of the minor child.

2. That the minor child, William Blake McClendon, a male born July 27, 1996 has resided with the Petitioner all of his life in Scott County, Mississippi. A copy of the minor's birth certificate is attached to the Petition as exhibit "A".

3. That the natural father of the minor child Willie Cleveland McClendon died on or about January 4, 2015. A copy of his death certificate is attached to the Petition as exhibit "B".

4. That the Petitioner is a fit and proper person to be appointed general guardian of the minor child and is willing and able to assume the responsibility of general guardian of the person of the minor child. The Petitioner is over the age of eighteen (18) years, and of sound mind and is not a convicted felon. The minor, William Blake McClendon, joins in this petition for

CHAMN 12A 385
 06/12/2015-03:28-PM
 Lee Anne Livingston Palmer
 Chancery Clerk
 Scott County, Mississippi

Guardianship.

5. That at the time of Willie Cleveland McClendon's death, he had a life insurance policy on his life for the benefit of the minor child. The insurance company has required a guardianship be created to accept the funds on behalf of the minor child. The Petitioner requests she be authorized to accept the funds on behalf of the minor child. The funds shall be deposited in a Guardianship account for the benefit of the minor child. The bank will sign an Acknowledgment of Receipt of Certified Copy of Order and Receipt of Cash Funds for the guardianship account. The funds shall not be withdrawn except by Order of this Court.

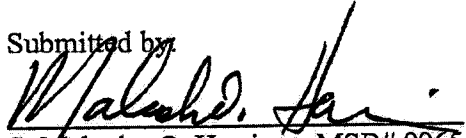
6. That the minor, William Blake McClendon, is not in possession of any real or personal property, except his clothing and the proceeds from the life insurance policy. As such, the Petitioner asks that the requirement of posting a bond be waived. The Petitioner further asks that the taking of an inventory be waived.

IT IS THEREFORE ORDERED AND ADJUDGED that the Petition is accepted and that the Petitioner, Patty Westberry is hereby appointed as General Guardian of the person and estate of William Blake McClendon; a minor and that the Letters of Guardianship be granted to her, upon taking and filing a Guardian's Oath as required by law. It is further ordered that the requirement of posting a bond and taking an inventory be waived.

SO ORDERED AND ADJUDGED this the 12th day of JUNE 2015.


 CHANCELLOR

Submitted by:


 S. Malcolm O. Harrison, MSB# 9965
 ATTORNEY AT LAW
 Post Office Box 483
 Jackson, Mississippi 39205-0483
 (601) 948-5030
 malcolm.harrison@comcast.net

GAEBND BK. 19 PG 173
06/12/2015 03:29 PM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY
PETITIONER

CAUSE NO.2015-0204

OATH OF GUARDIAN

I, Patty Westberry, do solemnly swear or affirm that I will faithfully, to the best of my ability, discharge my duties as General Guardian of the minor child, William Blake McClendon, according to the law, so help me God.

This the 12 day of June 2015.

Patty Westberry
PATTY WESTBERRY

Sworn to and subscribed before me this the 12 day of June 2015.

Stacie Murray
NOTARY PUBLIC



GAEBND BK 19 PG 174
06/12/2015 03:33 PM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY, PETITIONER

CAUSE NO. 2015-0204

LETTERS OF GUARDIANSHIP

Whereas, This Court has appointed Patty Westberry Guardian of the minor child, William Blake McClendon, and in support thereof would state the following to the Court:

We therefore, by these letters, authorize Patty Westberry as Guardian aforesaid, to discharge all the duties required of her by law and by the order of this Court.

Witness, the Honorable H. David Clark, Judge of the Chancery Court of the County of Scott, this the 12th day of June, in the year of our Lord Two Thousand and fifteen, the seal of said Court hereunto affixed.

Issued the 12th day of June 2015.



LEE ANNE LIVINGSTON PALMER,
Chancery Clerk

By [Signature], D.C.

I, Lee Anne Livingston Palmer, Clerk of the Chancery Court in and for the County of Scott and State of Mississippi that the above is a true copy of the Letters of Guardianship upon the person and estate of William Blake McClendon and in support thereof would state the following to the Court: that the Letters of Guardianship was granted and issued to Patty Westberry on the 12th day of June, 2015, as the same appears on file and of record in my office, in Jackson, in said county and state.

Given under my hand and the seal of said court at Forest, MS, in said County and state this 12th day of June 2015.



LEE ANNE LIVINGSTON PALMER,
Chancery Clerk

By [Signature], D.C.

FILED
10/12/2015 09:30 AM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY

PETITIONER

V.

CAUSE NO. 2015-0204

DEFENDANT ONEAMERICA COMPANY
D/B/A CONSTITUTION LIFE INSURANCE COMPANY

RESPONDENT

MOTION FOR DECLARATORY RELIEF and SPECIFIC PERFORMANCE

COMES NOW Patty Westberry, the Guardian of William McClendon, a minor, and files this Motion for Declaratory Relief and Specific Performance against OneAmerica Company d/b/a American United Life Insurance Company and in support thereof would state the following to the Court:

1. Petitioner, Patty Westberry is an adult resident citizen of the Scott County, Mississippi and resides at 96 Farris Park Road, Morton, Mississippi 39117. Petitioner is the biological mother of the minor child and was appointed Guardianship of the minor child by this court on or about June 12, 2015.

2. The minor child, William Blake McClendon, a male born July 27, 1996 has resided with the Petitioner all of his life in Scott County, Mississippi.

3. Respondent OneAmerica Company d/b/a American United Life Insurance Company is a foreign corporation, believed to be domiciled in the state of Mississippi, and is licensed and doing business in the State of Mississippi. Defendant may be served with process by delivering a copy of the Summons and Complaint to its statutory agent for service of process, the same being Mike Chaney, Insurance Commissioner for the State of Mississippi, 550 High Street,

Jackson, Hinds County, Mississippi, 39202. At all material times, OneAmerica Company d/b/a American United Life Insurance Company, did business and is continuing to do business, in the state of Mississippi.

4. At the time of Willie Cleveland McClendon's death, he had Voluntary Term Life Coverage and Basic Life Coverage through Respondent American United Life Insurance Company on his life for the benefit of his minor child through his employer. The policy holder was the decedent's employer Unipres USA Inc. and the group number is 613742. The insurance documents evidencing this policy are attached here to as exhibit "A". To this date, Respondent refused and failed to pay on the insurance contract.

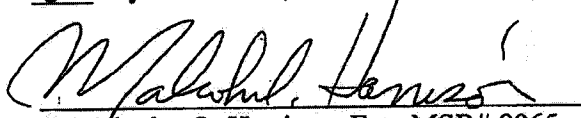
5. Petitioner request that this Court declare the rights, status, and legal relations of the parties under the contract of insurance at issue, specifically, the amount of benefits due and payable to the minor child under the policy at issue, pursuant to M.R.C.P. 57 (Declaratory Judgments). Futher Petitioner requests specific preformance of the contract of insurance.

WHEREFORE, PREMISES CONSIDERED, the Petitioner, Patty Westberry, respectfully request that summons be issued to Defendant Constitution Life Insurance Company and they be required to appear and answer this Motion for Declaratory Judgment and for specific preformance.

Plaintiff further Requests that this Court declare the rights, status, and legal relations for and between Plaintiff and Defendants with respect to the policy of insurance at issue herein, specifically, the amount of benefits due and payable to Petitioner as Guardian of the minor child under the policy at issue.

Petitioner requests such other general and specific relief as they may be entitled to.

RESPECTFULLY SUBMITTED, this the 8th day of October, 2015.


S. Malcolm O. Harrison, Esq. MSB# 9965
ATTORNEY FOR PETITIONER

Of Counsel:
S. Malcolm O. Harrison, Esq. MSB# 9965
P.O. Box 483
Jackson, MS 39205-0483
(601) 948-5030
Malcolm.Harrison@Malcolmharrisonlawoffice.com



UNIPRES

Benefits Enrollment/ Change Form - 2015

Employee Name (Last, First, MI) <i>Ms. C. Anderson (M) Allen C</i>		Social Security Number	
Home Address <i>7090 Hillside Road Forest MS 39074</i>		City <i>Forest</i>	State <i>MS</i>
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married	Phone Number <i>601-625-8304</i>	Hours Worked Per Week
Email Address		Occupation/Title Redacted	Date of Birth <i>5/6</i>
FT Hire Date/ Qualifying Event Date	Effective Date of Coverage	Reason for Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire	<input type="checkbox"/> Change/Qualifying Event <input type="checkbox"/> Termination

To elect or decline coverage, complete this section. I understand that I have been given the opportunity to participate in the group insurance plans offered by my Employer. I elect or decline the coverage(s) indicated below for which I am required to contribute. If I request Medical, Dental, or Vision Insurance after my initial eligibility period, I understand that I may be subject to pre-existing condition limitations unless I have had continuous credible coverage for at least the previous 12 month period. Please see each carrier application for complete details.

Coverage Requested:

MEDICALCigna - \$250 Deductible PlanWeekly

- ☒ Single \$8.79
- ☐ Employee + Spouse \$15.23
- ☐ Employee + Child(ren) \$14.77
- ☐ Family \$27.79

☐ I decline all Medical coverage**DENTAL**Delta Dental☐ Low Plan☐ High Plan

- ☒ Single \$0.00 \$0.50
- ☐ Employee + Spouse \$0.00 \$1.00
- ☐ Employee + Child(ren) \$0.00 \$1.50
- ☐ Family \$0.00 \$2.00

☐ I decline all Dental coverage**VISION**Eye MedWeekly

- ☒ Employee Only \$0.50
- ☐ Employee + Spouse \$1.00
- ☐ Employee + Children \$1.50
- ☐ Family \$2.00

☐ I decline all Vision coverage

If applying for Dependent Coverage, complete section below:

Spouse Name: _____ DOB: _____

SSN: _____ Gender: M / F

Child #1 Name: _____ DOB: _____

SSN: _____ Gender: M / F

Full-Time Student? Y / N

Child #2 Name: _____ DOB: _____

SSN: _____ Gender: M / F

Full-Time Student? Y / N

Child #3 Name: _____ DOB: _____

SSN: _____ Gender: M / F

Full-Time Student? Y / N

Child #4 Name: _____ DOB: _____

SSN: _____ Gender: M / F

Full-Time Student? Y / N

Child #5 Name: _____ DOB: _____

SSN: _____ Gender: M / F

Full-Time Student? Y / N



BASIC LIFE AND AD&D		Premium		
<input checked="" type="checkbox"/> Employee: \$20,000 / Spouse: \$5,000 / Child(ren): \$2,000		Employer Paid Benefit		
SHORT-TERM DISABILITY		Premium		
<input checked="" type="checkbox"/> 60% of weekly income to a maximum of \$1,500 per week		Employer Paid Benefit		
LONG-TERM DISABILITY		Premium		
<input checked="" type="checkbox"/> 40% of monthly income up to \$5,000 per month		Employer Paid Benefit		
<input checked="" type="checkbox"/> 20% Buy-Up LTD option: (Annual Salary) 100% \$0.22 / \$2				
Employee Paid				
VOLUNTARY TERM LIFE INSURANCE - Employee Paid				
<input checked="" type="checkbox"/> Voluntary Employee Life and AD&D *Guaranteed issue \$50,000 *\$10,000 increments up to 50% of Annual Salary <input checked="" type="checkbox"/> Voluntary Spouse Life and AD&D *Guaranteed issue \$50,000 *\$5,000 increments up to 50% of employee election amount <input type="checkbox"/> Voluntary Dependent Child Life and AD&D *Guaranteed issue \$10,000 *\$3,000 increments up to 50% of employee election amount		Premium (Age Banded Rates) Elected Amount 150,000 150,000		
VOLUNTARY WORKSITE BENEFITS - Employee Paid				
<input checked="" type="checkbox"/> Allstate Cancer and Specified Disease 7.0 <input type="checkbox"/> AFLAC Accident - High and Low Plans 7.0 <input type="checkbox"/> AFLAC Critical Illness		Premium EE \$ 5.39- ES \$ 8.35 EC \$ 7.31 FAM \$10.46 EE \$ 4.53/ 2.27 ES \$ 6.80/ 3.40 EC \$ 7.95/ 3.98 FAM \$10.21/ 5.10 Rates based on Age, Lump Sum amount chosen, and Tobacco Use.		
BENEFICIARY DESIGNATION - Must be completed even if waiving Voluntary Coverages				
Name	Address	City, State, ZIP	Relationship	% Primary or Contingent
William C. McClendon	7090 Hillbrow	Forest MS	Son	100
7090 Hillbrow Ludlow RD Forest MS 39074				
ACKNOWLEDGEMENTS				
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of coverage. I hereby authorize Unigrey to deduct from my earnings the appropriate amount to make the necessary changes and/or adjustments as indicated on this form, with regard to my choices for group benefits, and to remit any delinquency to the appropriate insurance company or beneficiary. All qualified premiums will be deducted on a pre-tax basis unless otherwise noted in writing to the Department of Human Resources. I understand by my participation in these plans that: * I may not change or stop my contribution during the plan year unless my family or employment identification (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, loss of employment or change of address, etc.) such a change in my election must be the result of, and consistent with, the event causing the election change, and must qualify under the terms and conditions of the plan. All changes outside the plan year must be submitted to Human Resources within 30 days of the qualifying event. * I understand that the effective date for my election change will be the effective date indicated on this form. * In the event I do not elect group or optional life insurance coverage, or in the event of eligibility or if I elect and later decide to drop coverage, I understand that I will be required to furnish medical evidence of insurability at my own expense, and the employer will have the right to refuse my request for coverage. * I have received and read all written materials provided to me describing the plans, and agree to the terms of participation set forth in the written materials. THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S CAFETERIA PLAN, AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN.				

SIGNATURE(S): The employee must sign in all cases. Each person signing below acknowledges that he or she has read and understands the statements and declarations made in this enrollment form.

X William C. McClendon
Employee Signature

William C. McClendon 12-8-14
Print Name Date

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY

PETITIONER

V.

CAUSE NO. 2015-0204

DEFENDANT ONEAMERICA COMPANY
D/B/A CONSTITUTION LIFE INSURANCE COMPANY

RESPONDENT

TO: Mike Chaney
Insurance Commissioner for the State of Mississippi
550 High Street
Jackson, Mississippi 39202
o/b/o OneAmerica Company d/b/a
Constitution Life Insurance Company

NOTICE TO DEFENDANT

**THE COMPLAINT ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST
TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.**

You are required to mail or hand-deliver a copy of your written response to the Complaint to S. Malcolm O. Harrison, the attorney for Plaintiff, whose street address is 100 West Amite Street, Jackson, Mississippi 39201, and whose mailing address is Post Office Box 483, Jackson, Mississippi 39205-0483. Your response must be mailed or delivered within *thirty* (30) days from the date of delivery of this summons and complaint or a judgment by default will be entered against you for the money or other things demanded in the complaint.

You must also file the original of your response with the Clerk of this court within a reasonable time afterward.

Issued under my hand and the seal of the Court, this 12th day of October 2015.

(Seal)

LEA ANNA PALMER, CHANCERY CLERK
SCOTT COUNTY, MISSISSIPPI

BY:  D.C.

Of Counsel:

S. Malcolm O. Harrison, MSB # 9965
ATTORNEY AT LAW
P.O. Box 483
Jackson, MS 39205-0483
(601) 948-5030
malcolm.harrison@malcolmharrisonlawoffice.com

FILED
10/15/2015 09:01 AM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY

PETITIONER

V.

CAUSE NO. 2015-0204

DEFENDANT ONEAMERICA COMPANY
D/B/A CONSTITUTION LIFE INSURANCE COMPANY

RESPONDENT

TO: Mike Chaney
Insurance Commissioner for the State of Mississippi
550 High Street
Jackson, Mississippi 39202
o/b/o OneAmerica Company d/b/a
Constitution Life Insurance Company

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You must also file the original of your response with the Clerk of this court within a reasonable time afterward.

Issued under my hand and the seal of the Court, this 12th day of October 2015.

(Seal)



Of Counsel

LEA ANNA PALMER, CHANCERY CLERK
SCOTT COUNTY, MISSISSIPPI

BY: [Signature] D.C.

S. Malcolm O. Harrison, MSB # 9965
ATTORNEY AT LAW
P.O. Box 483
Jackson, MS 39205-0483
(601) 948-5030
malcolm.harrison@malcolmharrisonlawoffice.com

PROOF OF SERVICE

I, Sandra D. Cotton, being at the date and time of this service am at least 18 years of age and not a party to this action. I served the Summons & Motion for Declaratory Relief and Specific Performance upon MIKE CHANEY, Insurance Commissioner for the State of Mississippi c/o CHRISTY PARKER, Admin. Asst. to Deputy Commissioner in the manner set forth below and I received a fee \$ 0 for this service.



PERSONAL SERVICE

I personally delivered a copy of the Summons & Motion for Declaratory Relief and Specific Performance to MIKE CHANEY, Insurance Commissioner for the State of Mississippi c/o CHRISTY PARKER, Admin. Asst. to Deputy Commissioner on the 13th day of October, 2015 in Hinds County, Mississippi.



RESIDENCE SERVICE

After exercising reasonable diligence, I was unable to deliver copies of the Summons and Complaint to the above stated person within _____ County, Mississippi, therefore, I served the Summons and Complaint on the ____ day of ____ 2015, at the usual place of abode of said person by leaving a true and correct copy of the Summons and Complaint with _____, who is the _____ of the person being served, is above the age of sixteen years and is willing to receive same. Thereafter, on the _____ day of 2015, I mailed (by first class mail, postage prepaid), copies of same to the person being served at his/her usual place of abode where the copies were left.

Sandra D. Cotton
PROCESS SERVER

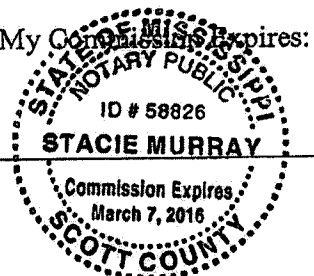
STATE OF MISSISSIPPI
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the state and county aforesaid, the within named Sandra D. Cotton who being first by me duly sworn state on oath that the matters and facts set forth in the above and foregoing "Proof of Service" are true and correct as therein stated.

DATED this the 14th day of October, 2015.

Stacie Murray
NOTARY PUBLIC

My Commission Expires:



FILED

10/19/2015 12:14 PM

Lee Anne Livingston Palmer

Chancery Clerk

Scott County, Mississippi



MISSISSIPPI INSURANCE DEPARTMENT

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mtd.state.ms.us

J. MARK HAIRE
Deputy Commissioner of Insurance

MAILING ADDRESS
Post Office Box 79
Jackson, Mississippi 39205-0079
TELEPHONE: (601) 359-3589
FAX: (601) 359-2474
WATS: 1-800-562-2967 (Incoming-USA)

October 13, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
91 7199 9991 7031 3205 1338

Constitution Life Insurance Company
c/o United States Corporation Company
506 South President Street
Jackson, MS 39201

In Re: Civil Action No. 15-0204

In the Matter of the Guardianship of William Blake McClendon vs. Defendant, One America Company d/b/a Constitution Life Insurance Company, in the Circuit Court of Scott County, Mississippi

Dear Sir or Madam:

We enclose copy of the Summons and Complaint in the above-styled cause which has been received in the Commissioner of Insurance's Office on October 13, 2015 at 2:02 p.m.

Respectfully,

MIKE CHANEY
COMMISSIONER OF INSURANCE

BY

Christy Parker

Secretary to Deputy Commissioner

MC/cp

Enclosures

pc: Honorable Joe Rigby
P.O. Box 371
Forest, MS 39074

FILED
10/22/2015 08:43 AM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY

PETITIONER

V.

CAUSE NO. 2015-0204

DEFENDANT ONEAMERICA COMPANY
D/B/A AMERICAN UNITED LIFE INSURANCE COMPANY

RESPONDENT

**AMENDED MOTION FOR DECLARATORY RELIEF and SPECIFIC
PERFORMANCE**

COMES NOW Patty Westberry, the Guardian of William McClendon, a minor, and files this Amended Motion for Declaratory Relief and Specific Performance against OneAmerica Company d/b/a American United Life Insurance Company and in support thereof would state the following to the Court:

1. Petitioner, Patty Westberry is an adult resident citizen of the Scott County, Mississippi and resides at 96 Farris Park Road, Morton, Mississippi 39117. Petitioner is the biological mother of the minor child and was appointed Guardianship of the minor child by this court on or about June 12, 2015.

2. The minor child, William Blake McClendon, a male born July 27, 1996 has resided with the Petitioner all of his life in Scott County, Mississippi.

3. Respondent OneAmerica Company d/b/a American United Life Insurance Company is a foreign corporation, believed to be domiciled in the state of Mississippi, and is licensed and doing business in the State of Mississippi. Defendant may be served with process by delivering a copy of the Summons and Complaint to its statutory agent for service of process, the same being Mike Chaney, Insurance Commissioner for the State of Mississippi, 550 High Street,

Jackson, Hinds County, Mississippi, 39202. At all material times, OneAmerica Company d/b/a American United Life Insurance Company, did business and is continuing to do business, in the state of Mississippi.

4. At the time of Willie Cleveland McClendon's death, he had Voluntary Term Life Coverage and Basic Life Coverage through Respondent American United Life Insurance Company on his life for the benefit of his minor child through his employer. The policy holder was the decedent's employer Unipres USA Inc. and the group number is 613742. The insurance documents evidencing this policy are attached here to as exhibit "A". To this date, Respondent refused and failed to pay on the insurance contract.

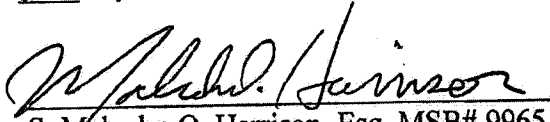
5. Petitioner request that this Court declare the rights, status, and legal relations of the parties under the contract of insurance at issue, specifically, the amount of benefits due and payable to the minor child under the policy at issue, pursuant to M.R.C.P. 57 (Declaratory Judgments). Futher Petitioner requests specific preformance of the contract of issurance.

WHEREFORE, PREMISES CONSIDERED, the Petitioner, Patty Westberry, respectfully request that summons be issued to Defendant OneAmerica Company d/b/a American United Life Insurance Company and they be required to appear and answer this Amended Motion for Declaratory Judgment and for specific preformance.

Plaintiff further Requests that this Court declare the rights, status, and legal relations for and between Plaintiff and Defendants with respect to the policy of insurance at issue herein, specifically, the amount of benefits due and payable to Petitioner as Guardian of the minor child under the policy at issue.

Petitioner requests such other general and specific relief as they may be entitled to.

RESPECTFULLY SUBMITTED, this the 21st day of October, 2015.


S. Malcolm O. Harrison, Esq. MSB# 9965
ATTORNEY FOR PETITIONER

Of Counsel:
S. Malcolm O. Harrison, Esq. MSB# 9965
P.O. Box 483
Jackson, MS 39205-0483
(601) 948-5030
Malcolm.Harrison@Malcolmharrisonlawoffice.com

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY

PETITIONER

V.

CAUSE NO. 2015-0204

DEFENDANT ONEAMERICA COMPANY
D/B/A AMERICAN UNITED LIFE INSURANCE COMPANY

RESPONDENT

TO: Mike Chaney
Insurance Commissioner for the State of Mississippi
550 High Street
Jackson, Mississippi 39202
OneAmerica Company d/b/a
American United Life Insurance Company

NOTICE TO DEFENDANT

**THE COMPLAINT ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST
TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.**

You are required to mail or hand-deliver a copy of your written response to the Complaint to S. Malcolm O. Harrison, the attorney for Plaintiff, whose street address is 100 West Amite Street, Jackson, Mississippi 39201, and whose mailing address is Post Office Box 483, Jackson, Mississippi 39205-0483. Your response must be mailed or delivered within *thirty* (30) days from the date of delivery of this summons and complaint or a judgment by default will be entered against you for the money or other things demanded in the complaint.

You must also file the original of your response with the Clerk of this court within a reasonable time afterward.

Issued under my hand and the seal of the Court, this 22nd day of October 2015.

(Seal)



LEA ANNE PALMER, CHANCERY CLERK
SCOTT COUNTY, MISSISSIPPI

BY: Lea Anne Palmer D.C.

Of Counsel:

S. Malcolm O. Harrison, MSB # 9965
ATTORNEY AT LAW
P.O. Box 483
Jackson, MS 39205-0483
(601) 948-5030
malcolm.harrison@malcolmharrisonlawoffice.com



MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance

RICKY DAVIS
State Chief Deputy Fire Marshal

MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mld.ms.gov

October 22, 2015

FILED

10/26/2015 09:35 AM

Lee Anne Livingston Palmer
Chancery Clerk

Scott County, Mississippi

MAILING ADDRESS
Post Office Box 78
Jackson, Mississippi 39205-0078
TELEPHONE: (601) 359-3669
FAX: (601) 359-2474

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
91 7199 9991 7031 3205 1314

OneAmerica Company d/b/a
American United Life Insurance Company
United States Corporation Company
506 South President Street
Jackson, MS 39201

In Re: Civil Action No. 2015-0204

Patty Westberry vs. Defendant OneAmerica Company d/b/a American United Life Insurance Company, in the Chancery Court of Scott County, Mississippi

Dear Sir or Madam:

We enclose a copy of the Summons and Amended Motion for Declaratory Relief and Specific Performance in the above-styled cause which has been received in the Commissioner of Insurance's Office on October 22, 2015 at 2:38 p.m.

Respectfully,

MIKE CHANEY
COMMISSIONER OF INSURANCE

BY

A handwritten signature in cursive script, appearing to read "Christy Parker", written over a horizontal line.

Christy Parker
Secretary to Deputy Commissioner

MC/cp

Enclosures

Pc: Honorable Lea Anne Palmer
P.O. Box 630
Forest, MS 39074

FILED
10/29/2015 08:48 AM
Lee Anne Livingston Palmer
Chancery Clerk
Scott County, Mississippi

IN THE CHANCERY COURT OF SCOTT COUNTY, MISSISSIPPI

IN THE MATTER OF THE GUARDIANSHIP
OF WILLIAM BLAKE MCCLENDON

PATTY WESTBERRY

PETITIONER

V.

CAUSE NO. 2015-0204

DEFENDANT ONEAMERICA COMPANY
D/B/A AMERICAN UNITED LIFE INSURANCE COMPANY

RESPONDENT

TO: Mike Chaney
Insurance Commissioner for the State of Mississippi
550 High Street
Jackson, Mississippi 39202
OneAmerica Company d/b/a
American United Life Insurance Company

NOTICE TO DEFENDANT

**THE COMPLAINT ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST
TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.**

You are required to mail or hand-deliver a copy of your written response to the Complaint to S. Malcolm O. Harrison, the attorney for Plaintiff, whose street address is 100 West Amite Street, Jackson, Mississippi 39201, and whose mailing address is Post Office Box 483, Jackson, Mississippi 39205-0483. Your response must be mailed or delivered within *thirty* (30) days from the date of delivery of this summons and complaint or a judgment by default will be entered against you for the money or other things demanded in the complaint.

You must also file the original of your response with the Clerk of this court within a reasonable time afterward.

Issued under my hand and the seal of the Court, this 27th day of October 2015.

(Seal)



LEA ANNE PALMER, CHANCERY CLERK
SCOTT COUNTY, MISSISSIPPI

BY: Lea Anne Palmer D.C.

Of Counsel:

S. Malcolm O. Harrison, MSB # 9965
ATTORNEY AT LAW
P.O. Box 483
Jackson, MS 39205-0483
(601) 948-5030
malcolm.harrison@malcolmharrisonlawoffice.com

PROOF OF SERVICE

I, Sandra Cotton, being at the date and time of this service am at least 18 years of age and not a party to this action. I served the Summons & Complaint upon Christy Parker Admin Assist to Commissioner Mike Chaney in the manner set forth below and I received a fee \$ for this service.



PERSONAL SERVICE

I personally delivered a copy of the Summons & Complaint to Christy Parker Admin Assist to Commissioner Mike Chaney on the 22nd day of October 2015 in Hinds County, Mississippi.



RESIDENCE SERVICE

After exercising reasonable diligence, I was unable to deliver copies of the Summons and Complaint to the above stated person within County, Mississippi, therefore, I served the Summons and Complaint on the day of 2015, at the usual place of abode of said person by leaving a true and correct copy of the Summons and Complaint with , who is the of the person being served, is above the age of sixteen years and is willing to receive same. Thereafter, on the day of 2015, I mailed (by first class mail, postage prepaid), copies of same to the person being served at his/her usual place of abode where the copies were left.

Sandra Cotton
PROCESS SERVER

**STATE OF MISSISSIPPI
COUNTY OF HINDS**

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the state and county aforesaid, the within named Sandra Cotton, who being first by me duly sworn state on oath that the matters and facts set forth in the above and foregoing "Proof of Service" are true and correct as therein stated.

DATED this the 26th day of October, 2015.

Stacie Murray
NOTARY PUBLIC

